



**Incoming Transfer/Direct Rollover
Governmental 457(b) Plan**

State of Tennessee 457 Plan

98986-01

Participant Information

Last Name			First Name			MI			Social Security Number								
Address - Number & Street												E-Mail Address					
City						State			Zip Code			Mo Day Year					
()						()						Date of Birth					
Home Phone						Work Phone						<input type="checkbox"/> Female <input type="checkbox"/> Male					

Payroll Information

Payroll Center Name - <input type="checkbox"/> State	Payroll Frequency - <input type="checkbox"/> Monthly	Allotment/Campus Code
<input type="checkbox"/> TBR	<input type="checkbox"/> Semi-Monthly	
<input type="checkbox"/> UT	<input type="checkbox"/> Bi-Weekly	

Transfer/Direct Rollover Information

I am choosing a:

- ☐ Transfer/direct rollover from a governmental 457(b) plan.

Previous Provider Information:

Company Name			Account Number		
Mailing Address					
City/State/Zip Code			() Phone Number		

Previous provider must complete:

Employer/employee before-tax contributions and earnings: \$

Note: Unless otherwise indicated, all amounts received will be considered employee before-tax contributions and earnings.

Authorized Plan Administrator Signature for Previous Employer's Plan **Date**

A copy of the most recent account statement may be substituted for the previous Plan Administrator's signature if it lists the type of plan and shows that no after-tax monies are held in the account.

Amount of Transfer/Direct Rollover: \$ (Enter approximate amount if exact amount is not known.)



Last Name	First Name	MI	Social Security Number
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Investment Option Information - Please refer to your marketing communication materials for investment option designations.

I understand that funds may impose redemption fees on certain transfers, redemptions or exchanges if assets are held less than the period stated in the fund's prospectus or other disclosure documents. I will refer to the fund's prospectus and/or disclosure documents for more information.

Select either existing ongoing allocations (A) **or** your own investment options (B).

(A) Existing Ongoing Allocations

☐ I wish to allocate this transfer/rollover the same as my existing ongoing allocations.

(B) Select Your Own Investment Options

<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>	<u>INVESTMENT OPTION NAME</u>	<u>INVESTMENT OPTION CODE</u>
Allianz NFJ Large Cap Value Instl	INGALG _____%	Vanguard Target Retirement 2050 Fund	VFIFX _____%
Fidelity Puritan Fund	FD-PUR _____%	Vanguard Target Retirement 2045 Fund	VTIVX _____%
Calvert Income Fund	CINCX _____%	Vanguard Target Retirement 2040 Fund	VFORX _____%
Columbia Acorn Z	INGCAC _____%	Vanguard Target Retirement 2035 Fund	VTTHX _____%
Columbia Mid Cap Value Z	INGCMC _____%	Vanguard Target Retirement 2030 Fund	VTHRXX _____%
DFA International Value Fund I	DFIVX _____%	Vanguard Target Retirement 2025 Fund	VTTVX _____%
Fidelity Small Cap Independence	FDSCX _____%	Vanguard Target Retirement 2020 Fund	VTWNX _____%
Fidelity Retirement Govt Money Market Fd	FD-RGV _____%	Vanguard Target Retirement 2015 Fund	VTXVX _____%
Fidelity International Discovery Fund	FIGRX _____%	Vanguard Target Retirement 2010 Fund	VTENX _____%
Morgan Stanley Inst US Small Cap Value I.....	INGMSC _____%	Vanguard Target Retirement Income Fund	VTINX _____%
Fidelity Contrafund	FD-CNT _____%	State Street S & P 500 Flagship Series C.....	SV-SPC _____%
Fidelity Magellan Fund	FD-MAG _____%	ING Fixed Plus Account	AEF-FX _____%
Fidelity OTC Portfolio	FD-OTC _____%	Regions Bank	UP-UPB _____%
Vanguard Total Bond Market Index Signal	VBTSX _____%		
		MUST INDICATE WHOLE PERCENTAGES	= 100%

Participant Acknowledgements

General Information - I understand that any funds I elect to have remitted to Great-West Retirement Services® will be invested in the State of Tennessee's 457 Plan.

I understand that by signing and submitting this form for processing, I am requesting to have investment options established under the Plan specified in the above section. I understand and agree that this account is subject to the terms of the Plan Document.

I understand that charges and fees may be imposed under the current Provider's contract, and that Great-West Retirement Services® may impose certain charges and fees.

I understand that the current Provider may require that I furnish additional information before processing the transaction requested on this form and that Great-West Retirement Services® is not responsible for determining the status of any transaction that I have requested. It is entirely my responsibility to provide the current Provider with any information that they may require to affect the transaction.

Mutual Funds/Variable Funding Option Information - I understand and acknowledge that all payments and account values, when based on the experience of a mutual fund/variable funding option, are not guaranteed, and the value of my investment(s) in any mutual fund/variable funding option will fluctuate, and, upon redemption, shares may be worth more or less than their original cost. I understand that I may obtain current prospectus(es) from www.treasury.state.tn.us/dc/, under Investment Options.

Plan Withdrawal Restriction Acknowledgement - I understand that the Internal Revenue Code and/or my employer's Plan Document may impose restrictions on distributions.

Account Corrections - I understand that it is my obligation to review all confirmations and quarterly statements for discrepancies or errors. Corrections will be made only for errors which I communicate within 90 calendar days of the last calendar quarter. After this 90 days, account information shall be deemed accurate and acceptable to me. If I notify Service Provider of an error after this 90 days, the correction will only be processed from the date of notification forward and not on a retroactive basis.

Payment Instructions

Make check payable to:
ORCHARD TRUST COMPANY, LLC

Include the following information on the check:
Participant Name, Social Security Number,
Plan Number, Plan Name

Wire instructions:

Bank: US Bank

Account of: Orchard Trust Company, LLC

Account no: 103655774323

Routing transit no: 102000021

Attention: Financial Control

Reference: Participant Name, Social Security Number,
Plan Number, Plan Name

**Regular mail address for the check and form
(if mailed together):**

ORCHARD TRUST COMPANY, LLC
Dept. 0877
Denver, CO 80256-0877

**Overnight mail address for the check and form
(if mailed together):**

US Bank
3550 Rockmont Dr
Mail Stop DN-CO-OCLEB Dept #0877
Denver, CO 80202

Contact: Great-West Retirement Services®
Phone #: 1-800-922-7772

If sending the "form" only, please fax to 1-866-745-5766 or follow the mailing instructions above. Please remember that this form needs to arrive prior to or at the same time the funds arrive to invest according to the allocations on this form.

_____	_____	_____	_____
Last Name	First Name	MI	Social Security Number

Required Signatures - I understand that only distributions from governmental 457 plans are eligible for transfer/rollover treatment and that it is solely my responsibility to ensure such eligibility. By signing below, I affirm that the funds I am transferring/rolling are in fact eligible for such treatment. I also understand it is my obligation to review my confirmations and quarterly statements and inform Great-West Retirement Services® of any discrepancies or errors within 90 calendar days of the date of such confirmation.

I understand that the following conditions are necessary to process the allocations in this Incoming Transfer/Direct Rollover form: the completed Incoming Transfer/Direct Rollover must be received by Great-West Retirement Services® home office in Greenwood Village, Colorado and must be approved by the new Plan Administrator.

I understand that if the transfer/rollover assets ("assets") are received before the Incoming Transfer/Direct Rollover form, or if the Authorized Plan Signature is missing from the Incoming Transfer/Direct Rollover form, the assets will be returned to the payor or retained by Great-West until the completed Incoming Transfer/Direct Rollover form is provided. If the investment option information is missing or incomplete, the assets will be allocated the same as my ongoing contributions. The assets will be processed on the day the completed Incoming Transfer/Direct Rollover form is received. If my assets are received more than 180 calendar days after Great-West receives my Incoming Transfer/Direct Rollover form, all monies received will be allocated the same as my ongoing allocation election on file with Great-West and I will need to call KeyTalk® or access the Web site to make changes.

My signature indicates that I have read, understand the effect of my election and agree to all pages of this Incoming Transfer/Direct Rollover form. I affirm that all information provided is true and correct.

_____	_____
Participant Signature	Date

_____	_____
Registered Representative Signature and ID	Date

Participant forward to Service Provider at:
Great-West Retirement Services®
545 Mainstream Drive, Suite 407
Nashville, TN 37228
Phone #: 1-800-922-7772
Web site: www.treasury.state.tn.us/dc